MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107509426 FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
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48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.		12						TOTAL DEP.						
TOTAL CLAIMS		13						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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